# APPLICATION FOR MEMBERSHIP

To: The Directors
**Maternity Choices Australia Ltd (Company)**

I, [Insert name of member] of [Insert residential/registered address of member] hereby apply to become a member of the Company with effect from the registration of the Company.

By signing this application, I agree to be bound by the terms and conditions of the constitution of the Company. Further, I guarantee the Company for a sum not exceeding AUD $10 or such other greater sum as may be agreed to in writing.

**Dated:**

|  |  |  |
| --- | --- | --- |
| **Signed** by |  |  |
| [Insert name of member] |  |  |
| in the presence of: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signature of witness |  | Signature of [Insert name of member] |
|  |  |  |
|  |  |  |
|  |  |  |
| Name of witness (please print) |  |  |